

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5357

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township **St. Louis Mo** Primary Registration District No. **1003**
(c) City **St. Louis Mo** (d) Street No. **McPaul Hosp** Registered No. **2002**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Elizabeth Clark 462
(a) Residence, No. **3633 Pine Grove** St. **N.R.** **FERGUSON, MO**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred G Clark		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1861		
7. AGE	YEARS	MONTHS
76	5	6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife		
9. Industry or business in which work was done, as saw mill, bank, etc. House wife		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo		
13. NAME John Hall		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo		
15. MAIDEN NAME Mary Hall		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo		
17. INFORMANT (ADDRESS) W. Earl Vogel 3633 Pine Grove		
18. BURIAL, CREMATION, OR REMOVAL Calvary DATE 2-26-1938		
19. FUNERAL DIRECTOR (ADDRESS) Sullivan 2849 W. Euclid Ave		
20. FILED FEB 25 1938 J. B. Bricker Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-27-1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 12, 1938, to Feb 23, 1938**
I last saw her alive on **Feb 23, 1938**. Death is said to have occurred on the date stated above, at **3:10 AM**
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Chronic Myocarditis
Acute Bronchitis, leading into
Bronchopneumonia

Other contributory causes of importance:
Acute Bronchitis, leading into
Bronchopneumonia

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **R. E. Sinclair**, M. D.
(Address) **6203 Natural Bridge**

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Eugene H. Sullivan, Licensed Embalmer No. 2930

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Eugene H. Sullivan
Licensed Embalmer No. 2930

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)